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45200 7590 05/26/2006

PRESTON GATES & ELLIS LLP  
 1900 MAIN STREET, SUITE 600  
 IRVINE, CA 92614-7319

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Maria Nadal	(Depositor's name)
<i>Maria Nadal</i>	(Signature)
7/7/2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/797,748	03/09/2004	Roger A. Acey	51302-00002	4003

TITLE OF INVENTION:

METAL BINDING PROTEINS AND ASSOCIATED METHODS

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$0	\$0	\$1000	\$0	08/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WAX, ROBERT A.	1653	588-315000

07/10/2006 TRESHOWD 00000059 503207 18797748

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Preston Gates &amp; Ellis LLP

2. Louis C. Cullman

3. Michelle S. Glasky, Ph.D.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MGP BIOTECHNOLOGIES, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IRVINE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☐ Issue Fee  
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## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503207 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Michelle S. Glasky*

Date

7/7/06

Typed or printed name Michelle S. Glasky, Ph.D.

Registration No. 54,124

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